HTE# 13-5-32485R

Harnett County Department of Public Health

27772

Improvement Permit

	A building permit cannot be issued with only an Improvement		
KUIED TO. CAST ROBINSON 1	FROPERTY LOCATION: NCDDO	S LOT # A	
NEW TO REPAIR TO FXPANSI		equired prior to Construction Authorization Issuance:	
Type of Structure: SEO (32×52)	'	Admica prior to construction Authorization issuance.	
Proposed Wastewater System Type: Pume To 3	5% REDUCTION		
Projected Daily Flow: 480 GPD			
Number of bedrooms: Number of Occi	ıpants:&max		_
Basement	·		
	uired based on final location and elevations of facilities	_	
Type of Water Supply: Community Public	\square Well Distance from well $1 \bigcirc 0$ feet	Permit valid for: Five years	
Permit conditions:		No expiration	
			—
Authorized State Agentu	REHS Date: 1/13/12)	CET ATTACHED CITE CUTTON	
Authorized State Agent:: The issuance of this permit by the Health Department in no way guar	antees the assume of other permits. The permit holder is responsible for ci	SEE ATTACHED SITE SKETCH	(hie
site is subject to revocation if the site plan, plat, or the intended use	changes. The Improvement Permit shall not be affected by a change in ow	nership of the site. This permit is subject to compliance with the provisions	s of
the Laws and Rules for Sewage Treatment and Disposal and to condition	ons of this permit.		
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .19501952.	1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by reference	s into this permit and shall be met. Systems shall be installed in accordan	CB
with the attached system layout.		, me and prime and shall be med systems shall be installed in decordant	
ISSUED TO: GARY ROBINSON HO	11 C PROPERTY LOCATION AND	2.00	
Facility Type: 5FO(32×52)	SUBDIVISION <u>Gwe√</u> C New □ Expansion □ Repair		_
Facility Type: 570(32.752)	🗏 New 🖵 Expansion 🗆 Repair		
Basement? L. Yes 🔀 No Basement Fire	ktures? 🔲 Yes 🔑 No	1,220	
	25% REDUCTION SYSTEM	(Initial) Wastewater Flow: 480 GPD	
(See note below, if applicable)	000		
Pume la VI	TOA SHALLOW 05% (Repair)		
Installation Requirements/Conditions	Number of trenches	c.	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench 75 feet	Trench Spacing: Feet on Center	
Pump Tank Size <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>	Trenches shall be installed on contour at a	Soil Cover: inches	
	Maximum Trench Depth of:1 description inches	(Maximum soil cover shall not exceed	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)	
	in all directions)	,	
Pump Requirements:ft. TDH vs		inches below pi	ine
· · ·	_	Aggregate Depth: inches above p	
Conditions:		inches to	
			-
WATER LINES /INCLUDING IRRIGATION) MILET	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	DEDAID ADEA	
		REFAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR	JKAIN FIELD AKEA.		
**If applicable: / understand the system type specifie	d is different from the type specified on the application	n. I accept the specifications of this permit.	
, , , ,	,, ,	, , ,	
Owner/Legal Representative_Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan,	plat, or the intended use changes. The Construction Authorization shall not	be transferred when there is a change in ownership of the site. This	
	of the Laws and Rules for Sewage Treatment and Disposal and to the condi		1
Authorized State Agent:	PEHS Date:	1/13/14	
Authorized State Agent.	Construction Authorization Evoluation	1)3)14 Data: 1/3/19	
	THE PROPERTY OF STREET STREET	. rains	

Harnett County Department of Public Health Site Sketch



